

# James L. Holly, M.D.

## Concerns for the future of PC-MH

July 21, 2014

Letter to NCQA and Others

I received a letter several weeks ago from a friend. I have eliminated all identification (hopefully), but I think his concerns are real. SETMA is totally committed to the PC-MH model of care. However, I realize that we are still in the early stages of this transformation. The following link details SETMA's completion of certification and/or recertification of all four PC-MH programs in a 53 week period. Our Accreditation Team has streamlined the process which I think will make it possible for us to sustain all four accreditations permanently, while continuing to grow our PC-MH.

<http://www.jameslhollymd.com/Letters/pc-mh-certifications-completed-in-12-months-and-one-week-july-2013-to-july-2014>

I think the concerns of my friend are real and must be taken into consideration as we move forward with PC-MH.

“In the last year or so, their PCMH initiative has gotten progressively less interest from practices around the state. It was thought that this is multifactorial in cause, including cost, practice disruption, and no real financial benefit afterwards. That last factor is the main reason, as well as the most counterintuitive, given all the activity around advanced provider reimbursement models.

“There was a *NY Times* article this past week that got lots of attention:

[http://mobile.nytimes.com/2014/07/10/business/health-insurers-are-trying-new-payment-models-study-shows.html?\\_r=0](http://mobile.nytimes.com/2014/07/10/business/health-insurers-are-trying-new-payment-models-study-shows.html?_r=0) .

“Our QIO asked for my thoughts. The short answer is that still

- **I have not received any additional reimbursement**, and that
- **commercial payers are not accepting NCQA recognition as an adequate justification for any additional reimbursement or “pay-for-quality”**. In my case it is at least two- fold:
- **my cohort size is too small to be statistically significant enough for the payers**, and
- **the payers’ general contention that merely obtaining NCQA PCMH recognition does not necessarily engender quality and cost savings.**

“Very disheartening, but the payers are in control, aren’t they?”

“I will absolutely continue to practice as I have, continually seek to make improvements, as well as participate in community efforts at quality improvement and cost containment, but I am beginning to wonder whether it is worth my time and money to do NCQA PCMH (my next time would be 20\_) again in the future, given the time and effort that go into the application process, not to mention NCQA’s fees. The quality of care is not the issue, it is the constantly increased business and financial challenges of small practice that make me question this.”

James (Larry) Holly, M.D.  
C.E.O. SETMA\_  
[www.jameslhollymd.com](http://www.jameslhollymd.com)

(409) 504-4517

Adjunct Professor  
Family & Community Medicine  
University of Texas Health Science Center  
San Antonio School of Medicine

Clinical Associate Professor  
Department of Internal Medicine  
School of Medicine  
Texas A&M Health Science Center